|   | plication or Docket Number         |                                 |                   |              |                       |                  |          |                   |                        |                            |                            |               |
|---|------------------------------------|---------------------------------|-------------------|--------------|-----------------------|------------------|----------|-------------------|------------------------|----------------------------|----------------------------|---------------|
| PATENT APPLICATION FEE DETERMINATION RECORD  Effective October 1, 2000  |                                    |                                 |                   |              |                       |                  |          |                   |                        |                            |                            |               |
| CLAIMS AS FILED - PART I<br>(Column 1)  |                                    |                                 |                   |              |                       | mn 2)            |          | SMALL ENTITY TYPE |                        | OTHER THAN OR SMALL ENTITY |                            |               |
| TOTAL CLAIMS  |                                    |                                 | 18                |              |                       |                  | Γ        | RATE              | FEE                    |                            | RATE                       | FEE           |
| FOR I   |                                    |                                 | NUMBER F          | NUMBER FILED |                       | NUMBER EXTRA     |          | ASIC FEE          | 355.00                 | OR                         | BASIC FEE                  | · 710.00      |
| TOTAL CHARGEABLE CLAIMS   |                                    |                                 |                   |              | •                     |                  |          | X\$ 9=            | •                      | OR                         | X\$18=                     |               |
| INDEPENDENT CLAIMS  |                                    |                                 | 3 minus 3 =       |              |                       |                  |          | X40=              |                        | OR                         | X80=                       |               |
| MULTIPLE DEPENDENT CLAIM PRESENT  |                                    |                                 |                   |              |                       |                  | F        | +135=             |                        | OR                         | +270=                      |               |
| * If the difference in column 1 is less than zero, enter "0" in o   |                                    |                                 |                   |              |                       | olumn 2          | _        | TOTAL             |                        | OR                         | TOTAL                      | •             |
| CLAIMS AS AMENDED   |                                    |                                 |                   |              |                       |                  |          | SMALL ENTITY      |                        |                            | OTHER THAN OR SMALL ENTITY |               |
|   |                                    | (Column 1) CLAIMS               |                   | (Column 2)   |                       | (Column 3)       | SMALL    |                   |                        | - OINALL I                 | ADDI-                      |               |
| AMENDMENT A   |                                    | REMAINING<br>AFTER<br>AMENDMENT |                   | NUM<br>PREVI |                       | PRESENT<br>EXTRA |          | RATE              | ADDI-<br>TIONAL<br>FEE |                            | RATE                       | TIONAL<br>FEE |
|   | Total                              | *                               | Minus             | **           |                       | =                |          | X\$ 9=            |                        | OR                         | X\$18=                     |               |
|   | Independent                        | *                               | Minus             | ***          |                       | =                |          | X40=              |                        | OR                         | X80=                       |               |
|   | FIRST PRESENTATION OF MULTIPLE DEP |                                 |                   |              | T CLAIM               |                  | <b>」</b> | +135=             |                        | OR                         | +270=                      | - "           |
|   | •                                  |                                 |                   |              |                       |                  |          | TOTAL             |                        |                            | TOTAL<br>ADDIT, FEE        |               |
|   | (Column 1) (Column 2) (Column 3    |                                 |                   |              |                       |                  |          | DDIT. FEE         |                        | •                          | AUUII. FEEI                |               |
| AMENDMENT B   |                                    | CLAIMS                          |                   | HiG          | HEST                  | PPTCENT          | 7 г      |                   | ADDI-                  |                            |                            | ADDI-         |
|   |                                    | REMAINING<br>AFTER<br>AMENDMENT |                   | PREV         | MBER<br>IOUSLY<br>FOR | PRESENT<br>EXTRA |          | RATE              | TIONAL<br>FEE          |                            | RATE                       | TIONAL<br>FEE |
|   | Total                              | •                               | Minus             | **           |                       | =                | ] [      | X\$ 9=            | . 4.                   | OR                         | X\$18=                     |               |
|   | Independent                        | *                               | Minus             | ***          |                       | =                | ] [      | X40=              |                        | OR                         | X80=                       |               |
| L   | FIRST PRESENTATION OF MULTIPLE DEP |                                 |                   | PENDEN       | TCLAIM                |                  | ┚┞       | +135=             |                        | OR                         | +270=                      |               |
|   |                                    |                                 |                   |              |                       |                  |          | TOTAL             |                        | OR                         | TOTAL<br>ADDIT. FEE        |               |
| (Column 1) (Column 2) (Column 3   |                                    |                                 |                   |              |                       |                  |          | DDIT. FEE         |                        |                            | ADDIT. I EL                |               |
|   |                                    | CLAIMS                          |                   | HIG          | HEST                  |                  | 7г       |                   | ADDI-                  | 1                          | <u> </u>                   | ADDI-         |
| AMENDMENT C   |                                    | REMAINING<br>AFTER<br>AMENDMENT |                   | PREV         | MBER<br>IOUSLY<br>FOR | PRESENT<br>EXTRA | ┇        | RATE              | TIONAL<br>FEE          |                            | RATE                       | TIONAL<br>FEE |
|   | Total                              | •                               | Minus             | **           |                       | =                |          | X\$ 9=            |                        | OR                         | X\$18=                     | <u>L</u>      |
|   | Independent                        | *                               | Minus             | ***          | T 61 415              | ]=               | ┧┞       | X40=              |                        | OR                         | X80=                       |               |
| L   | FIRST PRESENTATION OF MULTIPLE DEF |                                 |                   | PENDEN       | IT CLAIN              | <u> </u>         | ┙┞       | +135=             |                        | OR                         | +270=                      |               |
| * If the entry in column 1 is less than the entry in column 2, write "0" in column 3.   |                                    |                                 |                   |              |                       |                  |          | TOTAL             |                        | ┨                          | TOTAL                      |               |
| ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."  ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." |                                    |                                 |                   |              |                       |                  |          |                   |                        |                            |                            |               |
|   | The "Highest Nur                   | nber Previously Pa              | nid For" (Total o | r Indepen    | dent) is th           | e highest numb   | oer fou  | nd in the ap      | propriate bo           | ox in co                   | numn 1.                    |               |